

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013810

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

240063

3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

Registration District No.

318

1003

3473

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay-in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR  
TOWN

University City

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

8361 Cornell Ave.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

HERMAN

First

Middle

Last

SCHWARZ

4. DATE

Month

Day

Year

OF  
DEATH

MARCH 25th, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

7/7/02

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Clothing

## 11. BIRTHPLACE (City and state or country)

Germany

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Ann Schwarz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Ann Schwarz 8361 Cornell Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

331x

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

July 1959

to March 1963

and last saw him alive on March 24, 1963

Death occurred at

6:34 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Herman R. Rineskoff

M.D.

## 22b. ADDRESS

2185 Kuyper Highway

## 22c. DATE SIGNED

3-25-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

3/27/63

## 23c. NAME OF CEMETERY OR CREMATORY

United Hebrew Temple

## 23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

HERMAN RINESKOFF INC. 5216 DELMAR

## 25. DATE RECD. BY LOCAL REG.

MAR 26 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

Herman Rineskoff

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John Ketter*

Licensed Embalmer No.

P. O. Address

3880

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

REMOVED FROM RECORDS OF THE BOARD OF HEALTH  
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